

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214541145						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: E*TRADE Financial Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2014</p> <p>SCC ID NO: F1801234</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>400,000,000</td> </tr> <tr> <td>PREFER</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	400,000,000	PREFER	1,000,000
CLASS	AUTHORIZED							
COMMON	400,000,000							
PREFER	1,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1271 AVENUE OF THE AMERICAS</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10020</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NAVTEJ S. NANDRA TITLE: PRESIDENT ADDRESS: 1271 AVENUE OF THE AMERICAS 14TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10020 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NAVTEJ S. NANDRA TITLE: PRESIDENT ADDRESS: 1271 AVENUE OF THE AMERICAS 14TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10020	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LIZA LANDSMAN TITLE: CMO ADDRESS: 1271 AVENUE OF THE AMERICAS 14TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10020 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LIZA LANDSMAN TITLE: CMO ADDRESS: 1271 AVENUE OF THE AMERICAS 14TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10020	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME:	KARL A ROESSNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP. SECRETARY		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	RUSSELL ROSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CSO		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	LORI SHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	671 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	FREDERICK W KANNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	JAMES LAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	REBECCA SAEGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	JOSEPH M VELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	DONNA L WEAVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
NAME:	STEPHEN H WILLARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1271 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	14TH FLOOR NEW YORK, NY 10020		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KARL A ROESSNER	KARL A ROESSNER, CORP.	8/28/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.